Application Data Sheet

APPLICATION INFORMATION

Secrecy Order in Parent Appl.?:: No

Application Number::	
Filing Date::	1/9/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks:	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?:: No	
Number of Copies of CRF::	
Title::	NEGATIVE POISSON'S RATIO MATERIAL-
	CONTAINING CMP POLISHING PAD
Attorney Docket Number::	100196
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

APPLICANT INFORMATION

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Abaneshwar

Middle Name::

Family Name:: Prasad

Name Suffix::

City of Residence:: Naperville

State or Prov. of Residence::

Country of Residence:: US

Street of mailing address:: 2252 Joyce Lane

City of mailing address:: Naperville

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60564

Inventor Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Ronald

Middle Name::

Family Name:: Myers

Name Suffix::

City of Residence:: Aurora

State or Prov. of Residence:: IL

Country of Residence:: US

Street of mailing address:: 2820 AMLI Drive, Apt. 2911

City of mailing address:: Aurora

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60504

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

29050

Phone::

(630) 375-5465

Fax::

(630) 499-2654

E-mail Address::

Phyllis_Turner-Brim@cabotcmp.com

REPRESENTATIVE INFORMATION

Representative Customer Number One::

29050

Representative Customer Number Two::

23460

Representative Designation::

Registration Number::

Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country::

Application Number:: Filing Date::

Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: Cabot Microelectronics Corporation

Street of mailing address:: 870 Commons Drive

City of mailing address:: Aurora

State or Province of

mailing address:: Illinois

Country of mailing

address:: US

Postal or Zip Code of

mailing address:: 60504